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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

**Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)**

**Signature**

**Signed**

Everett Lides

On

8-11-05

Date \_\_\_\_\_

765-378-5242

Telephone Number \_\_\_\_\_

Name of Person Filing <u>Everett L. Sides</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with substantial value from a business (1) a substantial part of which consists of buying from, selling or leasing, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>INDIANA STATE COUNCIL OF ROOFERS</u>  Trade Name, if any: <u>HEALTH AND WELFARE FUND</u>  P.O. Box, Bldg., Room No., if any <u>P.O. Box 5769</u>  Street _____  City <u>LAFAYETTE</u>  State <u>IN</u> ZIP Code + 4 <u>47903-5769</u>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <u>Trustee on Health Fund</u>  <hr/> 11.b. Approximate dollar value of such dealing. <u>\$133.28</u>  12.a. Nature of interest held or income received.  <u>HEALTH AND WELFARE FUND</u> <u>PAID FOR HOTEL ROOM</u>  <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.